



**Maryland Department of Human Services  
Office of Licensing and Monitoring  
311 W. Saratoga Street  
Baltimore, Maryland 21201  
Office: 410.767.7871 Fax: 410.333.8408**

**Provider Organization:** Lutheran Social Services

**Licensing Agency:** DHS

**Contracting Agency(s):** CFSA

**Name of Chief Administrator:** Kichelle Coleman

**Email:** [colemank@lssnca.org](mailto:colemank@lssnca.org)

**License Type:** Treatment Foster Care

Type of Inspection: Quarterly

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Lutheran Social Services 2503 Belair Drive Bowie, MD 20715	unlimited	0	CFSA 24 URM 20	# 00200/ 6/15/19	9-27-17

## Inspection Summary

<b>Number of Records Reviewed:</b>	<b>Youth</b>	<b>2</b>	<b>Staff</b>	<b>0</b>	<b>Foster Parent</b>	<b>2</b>	<b>Adoptive Parent</b>	<b>0</b>
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**Number of Interviews:** Youth 0 Staff 0 Foster Parent 0

CPA Office Inspection: Approved

**Number of ILP Apartments Inspected:** 0 **Number of Foster Homes Inspected:** 0

**Current COMAR Violation:**    Yes    ☒    No    ☐

**If Yes, list Cited Violation(s) below:**

Violation(s)	Findings
07.02.21.08 A 1	½ youth records did not have initial treatment plan
07.02.21.08 A 2/07.02.21.11	2/2 youth records did not have continuing treatment plan
07.05.02.18 D (9) /07.02.21.10 D (3)	2/2 youth records did not reflect current progress notes
07.02.21.10 D (3)	2/2 records did not have foster parent progress notes
07.05.02.17 A (2) & (7)	½ youth records did not reflect current dental/vision exams
07.05.02.18 D (8)	2/2 youth records did not contain current educational documentation
07.05.02.18 F (1)	½ foster parent records were missing face sheet
07.05.02.18 F (5)	½ foster parent records did not reflect record of child placement ( updated)
07.05.02.13 A (8)	½ records did not have foster parent signature on foster parent agreement ½ records were missing foster parent agreement

**Corrective Action Plan:**    Yes    ☒    No

**If yes, date of CAP:** 9-27-17

**Any Violations During Mid or Re-Licensure Periods:**      Yes      No      N/A\_\_\_\_\_

**If Yes See Report (s) Date(s):**

**Complaint Outcome: N/A**

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Michelle Goines **Date:** 11/7/17 **Email:** [michelle.goines@maryland.gov](mailto:michelle.goines@maryland.gov)

**Program Manager:** Richard Berger **Date:** 11/7/17 **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)